

2. I have chosen **not to consult** with a Tax Advisor.

6. CHECK THE DESIRED OPTION:

- _____1. **Lump-Sum Payment**
a. _____ Direct Rollover

Name of Financial Institution Receiving Funds

Address of Financial Institution

Account Number

- b. _____ Immediate Cash Distribution

_____ Total Amount OR _____ Partial Amount

If Partial Amount: \$_____ (gross amount/prior to tax withholding)

If you choose to receive all or a portion of your payment in cash, 20% of the taxable portion of the cash payment will be automatically withheld for federal income tax and deducted from your payment.

- _____2. **Monthly Installments**
Paid over my lifetime or until my Balance is exhausted.
\$_____ per month

I certify that I am electing the form of benefit marked above. This election revokes any prior election I have made.

I hereby certify that the above statements are true and correct to the best of my knowledge, and understand that false statement may disqualify me for benefits.

(Signature)

(Date)

STATE OF _____

COUNTY OF _____

BEFORE ME, the undersigned authority, personally appeared _____, who is personally known to me or has produced _____ as identification and who did take an oath and, after being duly cautioned and sworn, deposes and says that he/ she has signed the foregoing document for the reasons therein contained.

SWORN TO AND SUBSCRIBED before me this the ____ day of _____, 20____.

Notary Public, State of Florida At Large

My Commission Expires:
My Commission Number Is:

NOTARY MAY NOT BE A RELATIVE

Please return to: Lake Worth Firefighters Pension Fund
c/o Pension Resource Center, LLC
4360 Northlake Blvd., Suite 206
Palm Beach Gardens, FL 33410